



# ask SHIP

**Q: My mother lives alone and she has had to call an ambulance in the past when she has fallen. What does Medicare cover for ambulance service?**

**A.** Medicare usually pays for ambulance service during a medical emergency. There are a few other cases where Medicare will pay for an ambulance or other emergency transportation when it is medically necessary.

You can get emergency ambulance transportation when there is a sudden medical emergency, the beneficiary's health is in serious danger, and can't be safely transported by other means.

In some cases, Medicare may pay for emergency ambulance transportation in an airplane or helicopter if the beneficiary's health condition requires immediate and rapid ambulance transportation that ground transportation can't provide. One of these conditions must also apply:

- Your pickup location can't be easily reached by ground transportation.
- Long distances or other obstacles, like heavy traffic, could stop you from getting care quickly if you traveled by ground ambulance.

Medicare might pay for emergency transportation when there is not a sudden emergency if a beneficiary needs to obtain treatment or get a diagnosis and the use of any other transportation would endanger her health. In these cases, a written order from the beneficiary's doctor may be necessary.

When you get ambulance services in a non-emergency situation, the ambulance company considers whether Medicare would pay.

If the transportation would usually be covered, but the ambulance company believes that Medicare may not pay for that particular ambulance service because it isn't medically reasonable and necessary, it must give the beneficiary an "Advance Beneficiary Notice of

Noncoverage" (ABN) in order to charge for the service.

If the beneficiary chooses the option box and signs the form indicating that she is still willing to pay for the service, she is still responsible for paying for the service if Medicare doesn't pay. The ambulance provider may also ask the beneficiary to pay at the time of service.

If Medicare covers an ambulance trip, the beneficiary pays 20% of the Medicare-approved amount, after the yearly Part B deductible is met

In most cases, the ambulance company can't charge more than 20% of the Medicare-approved amount and any unmet Part B deductible.

If you or someone you know needs help understanding their Medicare benefits, call SHIP at 1-800-452-4800, 1-866-846-0139 TDD or online at [www.medicare.in.gov](http://www.medicare.in.gov). You can also find us on Facebook and Twitter.